

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90018 025 ***150.00

DOCUMENT # P04000071931					
1. Entity Name FENSCAPE FENCE CO., INC.					
Principal Place of Business 533 MADISON AVE ORANGE PARK, FL 32065			Mailing Address 533 MADISON AVE ORANGE PARK, FL 32065		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-1205697	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, TERRANCE A 3509 HWY 17 ORANGE PARK, FL 32003			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LURIE, RICHARD C 533 MADISON AVE ORANGE PARK, FL 32065	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALKER, CAROL ANNE 4544 TIMUQUANA RD JACKSONVILLE, FL 32210	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAIN, STEPHEN M 506 MEADOWBROOK DR ORANGE PARK, FL 32073	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michael C. Lurie</u> <u>5/23/08</u> <u>904 272 1277</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					